

APPLICATION

PERCOLATION TESTING

A 518647

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 410-313-2640

DISTRICT _____

DATE 5/11/2003

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Agnes L. Linthicum

ADDRESS c/o 4231 Linthicum Road, Dayton, MD 21036 PHONE 410-531-3137

AGENT OR PROSPECTIVE BUYER Tracy D. Griffin

ADDRESS 4231 Linthicum Road, Dayton, MD 21036 PHONE 410-531-3137

PROPERTY LOCATION:

SUBDIVISION (Agnes L. Linthicum Subdivision) *Linthicum Oaks I* LOT NO. 4

ROAD AND DESCRIPTION West Side Linthicum Road

TAX MAP NO. 21 & 22 PARCEL # 50

SIZE OF LOT 1.14 acres TYPE OF BLDG. SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

0' 515
 Orange
 brown
 micaceous
 SCL

1 1/2' fine
 orange
 brown
 L

3' fine
 orange
 brown
 micaceous
 SL
 4/10-15%
 Saprotic

10' water
 511

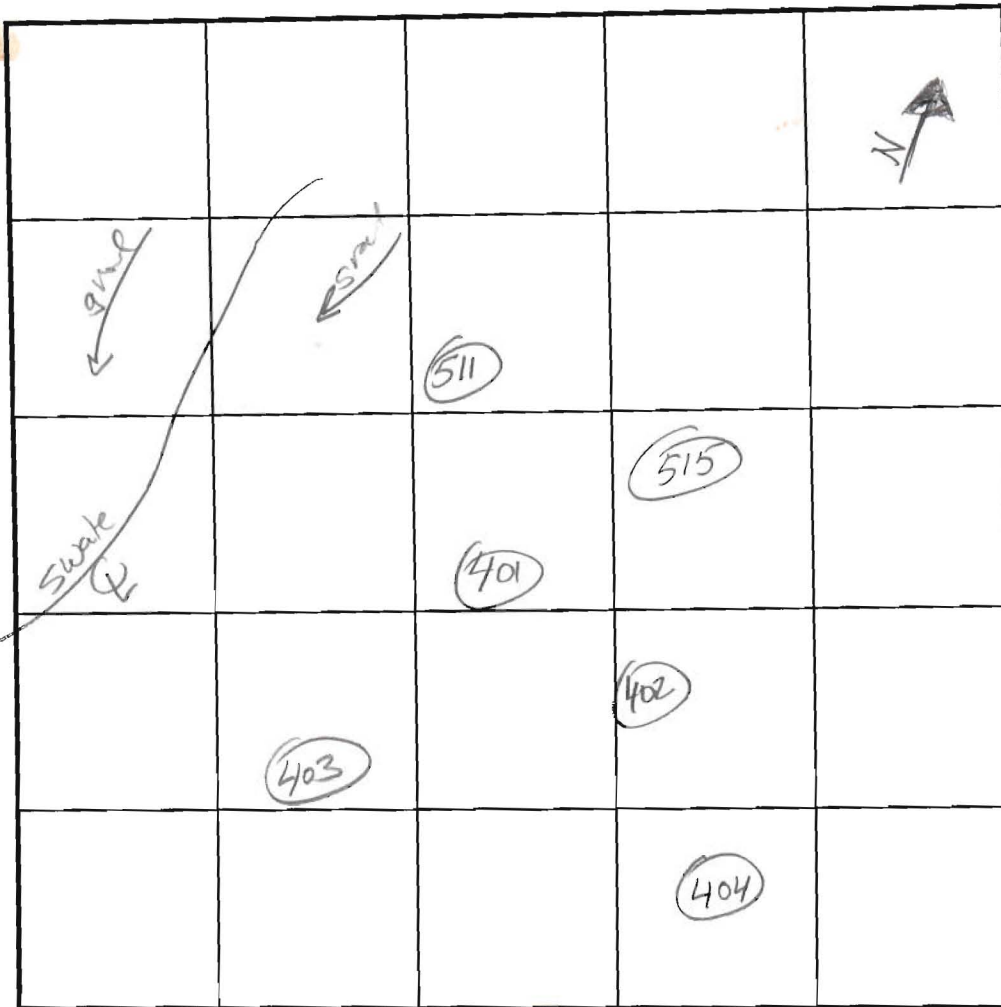
heavy
 orange
 brown
 SiCl

3' water
 401

Brown
 ↓ SiCl
 orange brown
 orange
 micaceous
 L

4 1/2' fine
 micaceous
 yellow
 brown
 SL

10 1/2' water



SOIL PROFILE

0' 402
 Brown
 SiCl

1 1/2' orange
 brown
 L

3' fine
 yellow
 brown
 micaceous
 SL

11 1/2' water

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
6/12/03	515	3 1/2 14		9:59	9:59	10:05	*	
	511	5V	_____					
	401	4	1:29	1:32	1:37	1:49		
	402	13V	O.K. @ 3'				2-7	

REMARKS *6" hole / double perc rates

TYPE OF SOIL

TESTED BY J. Baris

TRENCH DESIGN DATA: AVG. PERCOLATION TIME

INLET DEPTH

MAXIMUM BOTTOM DEPTH

ALSO PRESENT Heritage

TRENCH WIDTH

SQ. FT./BEDROOM

COUNTY #

SOIL PROFILE

0' 403
 BROWN
 SCL

1/2'
 orange
 brown
 micaceous
 L

3'
 fine
 orange
 brown
 SL
 w/ 10-15%
 saprolite

11'
 water

404

Brown
 SCL

1'
 orange
 brown
 L

2'
 fine
 dense
 yellow
 brown
 micaceous
 SL
 w/ 15-20%
 friable
 saprolite

10'

SOIL PROFILE

0'

see attached

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/12/03	403	4 12	1:34	1:35	1:35	1:38	3 ok
	404	3 10	1:42	1:43	1:43	1:47	3 ok

REMARKS _____

TYPE OF SOIL _____

TESTED BY J. Boris ALSO PRESENT Heritage

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

APPLICATION

PERCOLATION TESTING

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Linthicum Oaks I LOT NO. 4

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. _____
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

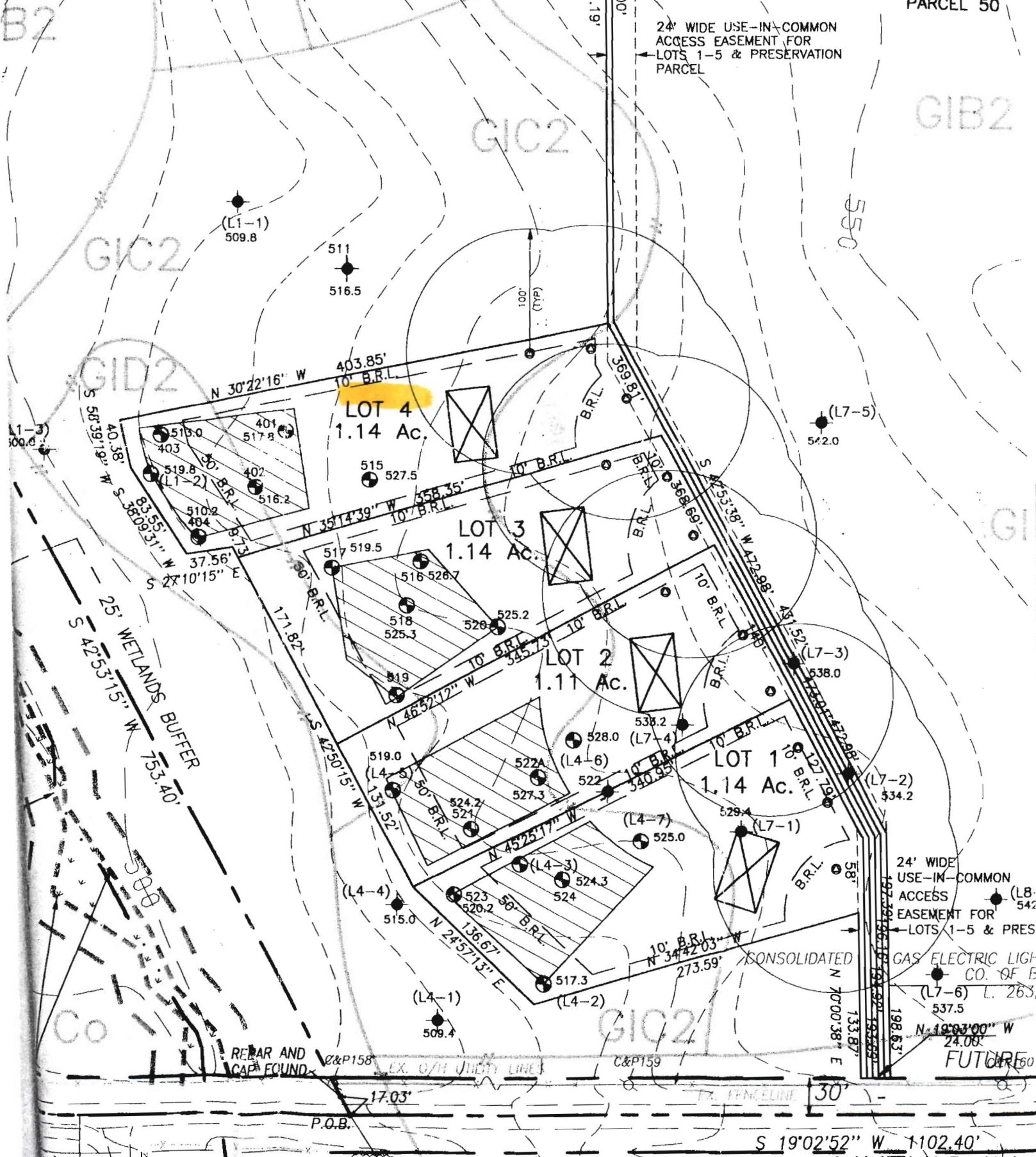
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

FIRST TRACT
Liber 8309 at Folio
50.6895 Ac.±
PARCEL 50

24' WIDE USE-IN-COMMON
ACCESS EASEMENT FOR
LOTS 1-5 & PRESERVATION
PARCEL



B2

GIC2

GIB2

GIC2

GIC2

GI

Co

GIC2

LINTHICUM SUBDIVISION
PLAT #10428 & 9

Signed Perc
cert

LINTHICUM

24' WIDE
USE-IN-COMMON
ACCESS
EASEMENT FOR
LOTS 1-5 & PRES
GAS ELECTRIC LIGHT
CO. OF B
(L7-6) L. 263,
537.5
N 18°03'00" W
24.08'
FUTURE

REPAIR AND
CAP FOUND

C&P158

P.O.B.

C&P159

PA. FENCELINE

30'

S 19°02'52" W 1102.40'